

**CONFINED SPACE ENTRY/HOT WORK PERMIT**  
PH-CNRH 5103/2 (Rev 03-00)

**DATE OF PERMIT:** \_\_\_\_\_ **EXPIRATION DATE/TIME:** \_\_\_\_\_

**PURPOSE OF ENTRY:** \_\_\_\_\_ **JO NO.:** \_\_\_\_\_  
**LOCATION/TANK OR COMPARTMENT TESTED:** \_\_\_\_\_

**AUTHORIZED ENTRY PERSONNEL:**  
(List or Attach Roster)

ATMOSPHERIC TEST DATA				TYPE OF CERTIFICATION	
TEST	ACCEPTABLE LIMITS	RESULTS		<input type="checkbox"/> NOT Safe for Personnel - Not Safe for Hot Work	
Oxygen Content	20% - 21%			<input type="checkbox"/> NOT Safe for Personnel Without Protection - Not Safe for Hot Work, Provisional	
Explosive (%LEL)	1% LEL			<input type="checkbox"/> Safe for Personnel - Not Safe for Hot Work	
Toxins (Specify) H2S	2 PPM			<input type="checkbox"/> Safe for Personnel - Safe for Hot Work	
				<input type="checkbox"/> INERTED - NOT SAFE for Personnel INSIDE - Safe for Personnel and Hot Work OUTSIDE	
				<input type="checkbox"/> PRESSED UP WITH _____ - NOT SAFE for personnel INSIDE - SAFE for Hot Work OUTSIDE	

**Tested By:** \_\_\_\_\_ **Instrument:** Model/Serial No. \_\_\_\_\_  
**Date/Time** \_\_\_\_\_

**COMMENTS: (Hazards of Permit Space)**

**SAFETY PRECAUTIONS REQUIRED**

REQUIREMENT	PRCS	HOTWK	SPECIFICS
Authorized Attendants (By Name)			
Respiratory Protection			
Protective Clothing/Equipment			
Fire Extinguisher Fire Watch			
Lockout/Tagout			
Ventilation			
Equipment to be Provided			
Communication Practices (Entrant - Attendant)			
Other Controls (Specify)			

**EMERGENCY/RESCUE CONTACT:** FIRE DEPARTMENT PH: 471-7117      EMERGENCY DESK PH: 471-8481      SAFETY DEPT. PH: 474-3953

**OTHER COMMENTS:**

**ENTRY SUPERVISOR'S SIGNATURE**      **CONFINED SPACE PROGRAM MANAGER/TECHNICIAN/ OR**  
(Print Name & Sign)      **QUALIFIED ASSISTANT SIGNATURE**

**Distribution:**  
White: Posted at Job Site      Pink: CSP Personnel  
Yellow: Fire Department      Goldenrod: CNRH OSH Office (CSPM)